# Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identification Number	46	5-2671624		port F lark X		У	Candid	ate		Committee	X	Lob	byist	
Name of Filing Com Lobbyist	mittee, Ca	ndidate or	+`		<u>-                                    </u>	ect Ed	DiMattio		<u> </u>	L.,	II.	<u> </u>		
Street Address			541	Colt St	tation	Rdi							· .	
City	Waterfor	d	1				State	PA		Zip Code	16441			-
Type of Report (Place x under report type)				·										
1-6 <sup>th</sup> Tuesday 2-		, -	1.5	th Tue	sday	5. 2 <sup>f</sup>	<sup>d</sup> Friday	6- 30 Da	av Post	7- Annual	Special 2 <sup>nd</sup> Frid	av Sne	cial 30 Day	
	-Primary	Primary	1	Elect			Election	l	-	7 Allinger	Pre-Election	- 1 -	t-Election	
										X				
Date Of Election (MM/DD/YYYY)		11-02-2021	Yea	ar			2021	Amend: Report	ment		Termination Report	-		
Summary of Receip	ts and	From Date		To	Date	:	····			For	Office Use Only			
Expenditures		11-23-2021		-	12-	31-20	21							
A. Amount Brought	Forward F	rom Last Repor	ŧ	\$	<del></del>	327.9	0		·					-
B. Total Monetary (	Contributio	ns and Receipt	s	\$		0		1						
C. Total Funds Avail	al Funds Available \$													
(Sum of Lines A and B) D. Total Expenditures				\$	327.90									
(From Schedule III)					0			187 3099						
E. Ending Cash Balance (Subtract Line D from Line C)				\$	327.90			VOTER REGISTRATION						
F. Value of In-Kind Contributions Received (From Schedule II)				\$	0			- 0.70/1						
G. Unpaid Debts and Obligations (From Schedule IV)				\$ 5780.00			•							
				Affidavit Section										
Part 1- If this is a Comi I swear (or affirm) that	mittee repor	t, treasurer sign i	iere. I	f this is	a Can	didate	report, c	andidate si	gn here.					
Sworn to and subscrib			actieu	sciledi	ules of	ı <del>pa</del> pe	r, is to the	e best of my	rknowied 1	ige and belief t	rue, correct and cor	nplete.		
day of	day of 20 Siende Shill Mother													
					<u> </u>			BI	gnature PN//	of Person Subn	aitting report	2/1)		
Sign	ature				İ		_	<i>(</i> )	<del>,</del>	Printed Nam	16 701 30			
My Commission expire	fommission expires 8/4 796-5756  MO, DAY YR. Area Code Daytime Telephone Number													
Thomas III Stabilities and an arrange					/2" •				,	50	, I arapitorio 110			
Part II- If this is a report swear (or affirm) that amended.	to the best	of my knowledge	and b	mittee ellef ti	, candi his pol	itical c	ommittee	nere. has not vic	lated an	y provisions of	the Act of June 3, 1	937 (P.L. 1	33, NO.320)	) as
Sworn to and subscrib	ed before m	e this												
day of	pure ( ( ( )	20						EN	or S	Z)	MA	,	•	
day 01	Signature of Candidate  Signature of Candidate  Month													
Sign	ature		_	-			-		04 <del>41</del> 61	Printed Name	<u> </u>	<u>" 1/</u> C		
My Commission expire		0.17	_	•	-		_	814	_	<u> </u>	449-92	359		
	MO.	DAY YR,						Area Code		Day	time Telephone Nu	mber		
											4			

#### SCHEDULE I

### **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number 46-2671624		
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
1. Ontenized Contributions and Receipts-\$50,00 or less per Contributor		
Total for the reporting period {1}	\$	0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	1	
Contributions Received from Political Committees (Part A)	\$	o
All Other Contributions (Part 8)	\$	0
Total for the reporting period (2)	\$	0
3. Contributions Over \$250.00 (From Part C and Part D)	<u> </u>	
Contributions Received from Political Committees (Part C)	\$	Q
All Other Contributions (Part D)	\$	o
Total for the reporting period (3)	\$	0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	- <b>-</b>	
Total for the reporting period (4)	\$	o
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item 8)	\$	



### **Pennsylvania Department of State**

Name of Filing Committee Candidate or Lobbyist

Bureau of Campaign Finance & Civic Engagement 210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4) www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

**ERIE COUNTY** 

VOTER REGISTRATION

## **Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports**

Note: Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). This particular form is to be used only for Campaign Finance Reports. This form must be signed by hand where a signature is required.

eporting Cycle	Name				
☐ Cycle 1	☐ Cycle 2	☐ Cycle 3		Cycle 4	☐ Cycle 5
6 <sup>th</sup> Tuesday	<sup>th</sup> Tuesday 2 <sup>nd</sup> Friday		6 <sup>th</sup> T	uesday	2 <sup>nd</sup> Friday
Pre-Primary	Pre-Primary	Post Primary	Pre-	Election	Pre-Election
☐ Cycle 6	☑ Cycle 7	☐ Cycle 8	<u> </u>		ala 0
Day Post-Election	Annual Report	2 <sup>nd</sup> Friday Pre-Specia	☐ Cycle S I Election 30 Day Post-Sp		ost-Special Election
leclare under pei	nalty of perjury (	tributing lobbyist, a under the law of the Finance Report is	he Comr	nonwealth	
Bron	clas file	Mattio	<i>&gt;</i>		31-2 <b>0</b> 2
Signature of Trea	surer, Candidate	, or Lobbyist	E	ate (DD/M	IM/YYYY)
Brena	es. Di	Muttio	Ĺ	Erie	
Pri	Location (City/State/Country)				

Location (City/State/Country)



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#### **ERIE COUNTY**

273: 200

VOTER REGISTRATION

**Part II** - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Signature of Treasurer, Candidate, or Lobbyist

Date (DD/MM/YYYY)

GOWARD T. DIMATIO IR

**Printed Name** 

Location (City/State/Country)